



PATENT / DOCKET NO. 34526.2
Customer No. 000027683

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Entenmann

Serial No. 09/678,295

Filed: October 2, 2000

For: METHOD OF EFFECTING CASHLESS PAYMENTS
AND A SYSTEM FOR IMPLEMENTING THE
METHOD

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Examiner: D. Felten

Group Art Unit: 2164

Mail Stop Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated July 17, 2003, enclosed are the following regarding the above-identified patent application:

1. Amendment and Request for Reconsideration Under 37 C.F.R. 1.111;
2. Petition for Extension of Time;
3. Second Supplemental Information Disclosure Statement;
4. PTO-1449 Form;
5. Copies of cited references;
6. Return postcard; and
7. This Transmittal Letter.

[X] Small entity status of this application has been established.

[] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	40 minus 129 = 0			x 9	\$ _____	OR	x 18	\$ _____
INDEP	10 minus 3 = 7			x 43	\$301.00	OR	x 86	\$ _____
[]	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ 145	\$ _____	OR	+ 290	\$ _____
	TOTAL				\$ _____	OR	TOTAL	\$ _____

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[X] Please charge Deposit Account No. 08-1394, Order No. 34526.2 in the amount of \$691.00 [for filing excess independent claims (\$301.00), request for a two-month extension of time (\$210.00), and filing of an Information Disclosure Statement (\$180.00)].

[]
[X]

A check in the amount of \$_____ is attached.

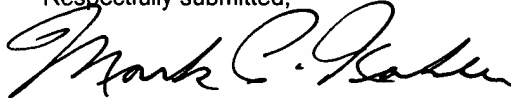
The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 08-1394, Order No. 34526.2.

[X] Any additional filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.

[X] Any patent application processing fees under 37 C.F.R. § 1.17.

[X] A copy of this sheet is enclosed.

Respectfully submitted,



Mark P. Kahler

Registration No. 29,178

Date:

12/17/2003

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A-157460.1

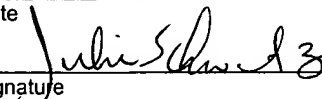
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

on

12/17/03

Date

Signature



Julie Schwartz

Typed/Printed name of person signing Certificate